

Lake Merritt Boating/Jack London Aquatic Centers 568 Bellevue Ave

www.sailoakland.com

Oakland, CA 94610 Phone: 510-238-2196 Fax: 510-238-7199

Activity Registration Form

(Please print and use black or blue ink only)

I. ACTIVITY INFORM	ATION		Today	<u>''s Date</u>	
Activity Name / Co	ourse ID	Activity Location	Activity Date	Alternate Activity Date	Fee Amount
Direct Scholarship and Fin Recreation Site Director.	ancial Assistance	e questions to		Grand Total:	
2. ENROLLEE INFORM	IATION □Fema	ale □Male □Nor	-Binary □Ch	ild □Teen □A	dult □Seni
Name					
	First		Middle	Last	
Address					
	-			State Zip	
Phones Home Phone	Work Phone	Cell Phone	Email		
Tionic Thone	WOLK I HOLE	Cen i none			
Age Birth Date _ Race/Ethnicity: □ African-	American/Black	☐ American Indian	∕Alaskan Native □	Asian/Asian-An	nerican
Age Birth Date _ Race/Ethnicity: Hispanic Hispanic	American/Black c/Latino D Nativ	□ American Indian ve Hawaiian/Pacifi (For children under	/Alaskan Native □ c Islander □ White the age of 18) □ Fe	Asian/Asian-An □ Multi-Racial	nerican
Age Birth Date _ Race/Ethnicity: Hispanic Hispanic	American/Black c/Latino □ Nativ CARETAKER	□ American Indian ve Hawaiian/Pacifi (For children under	/Alaskan Native □ c Islander □ White the age of 18) □ Fe	Asian/Asian-An e □ Multi-Racial male □ Male □	nerican
Age Birth Date _ Race/Ethnicity: Hispanic Hispanic Parent/Guardian Name	American/Black C/Latino Nativ	□ American Indiar ve Hawaiian/Pacifi (For children under	/Alaskan Native □ c Islander □ White the age of 18) □ Fe	Asian/Asian-An □ Multi-Racial	nerican
Age Birth Date _ Race/Ethnicity: Hispanic Hispanic Parent/Guardian Name	American/Black C/Latino Nativ	□ American Indiar ve Hawaiian/Pacifi (For children under	/Alaskan Native □ c Islander □ White the age of 18) □ Fen	Asian/Asian-An e □ Multi-Racial male □ Male □	nerican
Age Birth Date _ Race/Ethnicity: Hispanic AGE PARENT / PRIMARY Parent/Guardian Name Address Street	American/Black C/Latino Nativ	□ American Indiar ve Hawaiian/Pacifi (For children under	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle	Asian/Asian-An b	nerican ☐ Non-Bina
Age Birth Date _ Race/Ethnicity: African- Hispanic B. PARENT / PRIMARY Parent/Guardian Name Address Street	American/Black C/Latino Nativ	□ American Indiar ve Hawaiian/Pacifi (For children under	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle	Asian/Asian-An e □ Multi-Racial male □ Male □ Last	nerican ☐ Non-Bina
Age Birth Date _ Race/Ethnicity: Hispanic B. PARENT / PRIMARY Parent/Guardian Name Address Street Phones Home Phone Birth Date	American/Black c/Latino	☐ American Indiar ve Hawaiian/Pacifi (For children under Cit	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle y Email	Asian/Asian-An b	nerican ☐ Non-Bina
Age Birth Date _ Race/Ethnicity: Hispanic A PARENT / PRIMARY Parent/Guardian Name Address Street Phones Home Phone Birth Date required for account set-up) Race/Ethnicity: African-	American/Black c/Latino	□ American Indiar ve Hawaiian/Pacifi (For children under Cit Cell Phone to Child □ American Indiar	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle y Email	Asian/Asian-An Multi-Racial Male Last State Zip Asian/Asian-An	nerican Non-Bina
Age Birth Date _ Race/Ethnicity: Hispanic A PARENT / PRIMARY Parent/Guardian Name Address Street Phones Home Phone Birth Date required for account set-up) Race/Ethnicity: African-	American/Black c/Latino	□ American Indiar ve Hawaiian/Pacifi (For children under Cit Cell Phone to Child □ American Indiar ve Hawaiian/Pacifi	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle y :Email	Asian/Asian-An Multi-Racial Male Last State Zip Asian/Asian-An	nerican Non-Bina
Age Birth Date _ Race/Ethnicity:	American/Black CARETAKER First Apt Work Phone Relationship to American/Black C/Latino Nativ	□ American Indiar ve Hawaiian/Pacifi (For children under Cit Cell Phone o Child □ American Indiar ve Hawaiian/Pacifi collee)	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle y Email /Alaskan Native □ c Islander □ White	Asian/Asian-An a	nerican Non-Bina
Age Birth Date _ Race/Ethnicity:	American/Black c/Latino	Cell Phone O Child American Indiar Cell Phone O Child American Indiar Ve Hawaiian/Pacific Collee) Cell Phone	/Alaskan Native □ c Islander □ White the age of 18) □ Fer Middle y Email /Alaskan Native □ c Islander □ White	Asian/Asian-An a Multi-Racial male Male Last State Zip Asian/Asian-An a Multi-Racial	Non-Bina After Hours

5. EMERGENCY CONTAC	•	
Name	Last	Relationship
Phones		Email
employees, agents, volunteers liability, damage, loss, and expaction for strict liability, negligin any activity conducted by O elsewhere. I agree to let the C manner for any lawful purpose purpose of documenting and p all my legal capacities, includi	and all other persons acting on bense, including attorney fees ar gence, gross or otherwise, in con bakland Parks, Recreation & You ity of Oakland use my or my characteristics in its publications are promoting use of City of Oakland	s the City of Oakland, its directors, officers, its behalf, from any and all causes of action, and court costs, whether based upon causes of nection with the participation of me or my child buth Development, whether on its premises or aild's name and likeness free of charge and in any and website and/or other publications for the d services and programs. This release is made in the behalf of my spouse and any other parent or lian of the enrollee.
Oakland Parks, Recreation & Schild for any injury that may red Development or on or about its	Youth Development staff to obte esult from participation in the action i	I hereby consent and authorize the City of ain emergency medical care for myself or my ctivities of Oakland Parks, Recreation & Youth akland Parks, Recreation & Youth Development of this program.
This form must be signed by a	n adult (over age 18), either the	enrollee or the legal parent or guardian.
X		
Signature of En	rollee or Parent/Guardian	Date
The amount of your refund is of facility rental for which you pa	determined by how late you req	uncil in the City of Oakland Master Fee Schedule. uested the refund and the activity enrollment or ministrative fee for cancellations or transfers. ith questions.
days prior to a program. Direc	ct all inquiries concerning progr	Please make accommodation request at least 10 ram and disability accommodation to the OPRYD n@oaklandnet.com. VRS caller please dial 711.
Oakland regulations strictly pr gender, sexual orientation, AII any program, activity, or facili	ohibit discrimination on the bas DS or ARC. Any person who be ty operated by Oakland Parks, I eation & Youth Development, 2	N 43CFR 17.6(b): Federal, State, and City of sis of race, color, national origin, age, handicap, elieves he or she has been discriminated against in Recreation & Youth Development should write to: 250 Frank H. Ogawa Plaza, Ste. 3330, Oakland,
\Box Cash (in person only) \Box N that all returned checks will be subject to an a	Mastercard / Visa: accepted or additional \$25 Service Fee and a \$4.42 Postal Fe	Check: #Checks payable to City of Oakland nline, in person, or over the phone. Please be advised ee. Pursuant to Section 1719 of the California Civil Code, damages equal will be assessed if your check is not redeemed in cash within 30 days.